## FORM D

PROCESSED

APR 0 3 2008

THOMSON
FINANCIAL

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

905428

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					
		l			

Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  EMVELCO CORP.  Address of Executive Offices (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Type of Business Organization	SEC ULOE Mail Processing Section  MAR 2 1 7008  Washington, DC 101 elephone Number (Including Area Code)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (Scheck if this is an amendment and name has changed, and indicate change.)  EMVELCO CORP.  Address of Executive Offices (Number and Street, City, State, Zip Code)  The Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Brief Description of Business  Type of Business Organization	Washington, DC 101 elephone Number (Including Area Code)
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(if different from Executive Offices)  Brief Description of Business  Type of Business Organization	Telephone Number (Including Area Code)
Type of Business Organization	
corporation limited partnership, already formed other (please business trust limited partnership, to be formed	specify): 08044443
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	io
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sec 77d(6).	tion 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A n and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of the manually signed copy or bear typed or printed signatures.	ned. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the thereto, the information requested in Part C, and any material changes from the information previously supplied in not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securiare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The this notice and must be completed.	ities Administrator in each state where sales exemption, a fee in the proper amount shall
ATTENTION	· · · · · · · · · · · · · · · · · · ·

filing of a federal notice.

A. BASIC IDENTIFICATION DATA	A. BASIC IDENTIFICATION DATA						
2. Enter the information requested for the following:							
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.							
Each executive officer and director of corporate issuers and of corporate general and management	iging partners of partnership issuers; and						
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or						
Check Box(es) that Apply. Themoter Belieficial Owner Boxecutive Officer	Managing Partner						
Full Name (Last name first, if individual)							
,							
Business or Residence Address (Number and Street, City, State, Zip Code)							
, , , , , , , , , , , , , , , , , , ,							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director ☐ General and/or						
	Managing Partner						
Full Name (Last name first, if individual)							
Tan value (East Bane Hat, It Marvidae)							
Business or Residence Address (Number and Street, City, State, Zip Code)	.,						
business of Residence Address (Humber and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter   Beneficial Owner   Executive Officer	C Director C Conseel and/or						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or						
	Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director ☐ General and/or						
	Managing Partner						
Full Name (Last name first, if individual)	<del></del>						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or						
	Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)	•						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director ☐ General and/or						
	Managing Partner						
Full Name (Last name first, if individual)							
- and commented the state of th							
Business or Residence Address (Number and Street, City, State, Zip Code)							
(Use blank sheet, or copy and use additional copies of this she	eet, as necessary)						
, 15							

	B. INFORMATION ABOUT OFFERING												
1. 1	Ilas the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No		
2. V								s					
									Yes	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.								he offering. with a state					
Full N	Vame (1	ast name	first, if indi	vidual)						·			
Busin	ess or l	Residence	Address (N	umber and	d Street, Ci	ty, State, 2	Cip Code)					·	
Name	of Ass	ociated Br	oker or Dea	aler	·								
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
(	Check	All States	or check	individual	States)	•••••					••••••	☐ All	1 States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	ĞA	HI	ID
	<u>IL</u>	IN	IA	KS	KY	LA	ME	MD	MA	MI	MÑ	MS	MO
	MT] RI	NE SC	NV SD	NH]	TX	NM UT	NY VT	NC VA	ND WA	OH) WV	OK Wi	ŌR ₩Ÿ	PA PR
L.	KI SC SD IN IA OI VI VA WA WY WI WI IK												
Full N	Full Name (Last name first, if individual)												
Busin	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name	of Ass	ociated Br	oker or Dea	aler		<u>.</u> ,							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(1	Check '	'All States	" or check	individual	States)				***************	*****			1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	ID.
_	IL Ve	IN	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK]	OR WY	PA PR
			first, if indi										
D		D : 1	A 11 ()	<del> </del>	1 C C	Care Co. 1	2: C 1 \			<del>.</del>	<u> </u>		
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								l States					
AL AK AZ AR CA CO CT DE DC FL GA							HI	[ID]					
	IL .	IN	IA	KS	KY	LA	ME	MD	MA)	MI	MN	MS	MO
_	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI								OR WY	PA PR			

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		\$ 100,000.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	<b>S</b>
	Partnership Interests	 S	\$
	Other (Specify)		\$
	Total		\$ 100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>\$_100,000.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<u> </u>	\$
	Total	<del> </del>	\$ <u>0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$2,400.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees	n	\$ 4,000.00
	Accounting Fees	_	\$ 0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ 0.00
	Total	_	\$ 6,400.00

	C. OFFERING PRICE, NUMB	BER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."			\$
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
	Salaries and fees		Payments to Officers. Directors, & Affiliates	Payments to Others
	Purchase of real estate			
	Purchase, rental or leasing and installation of mach	hinery	•	
	and equipment		•	
	Construction or leasing of plant buildings and faci		<b></b>	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	I <b>¢</b>	П
	Repayment of indebtedness			
	Working capital		1 ° 0.00	73,600.00
	Other (specify):			
	Other (speerly).		<del>"</del>	L. 3
			s	
	Column Totals		\$_10,000.00	S 83,600.00
	Total Payments Listed (column totals added)	□ \$ <u>_</u> 93	,600.00	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furr information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commissi	ion, upon writter	
ss	uer (Print or Type)	Signature D	atc. 21	
E١	AVELCO CORP.		3/11	08
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		1.~_0
	SSI ATTIA	CHIEF EXECUTIVE OFFICER		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)